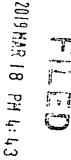
(Re	equestor's Name)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				



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R. WHITE MIR 26 103

COVER LETTER

TO: Amendment Section Division of Corporations				
NAME OF CORPORATION: MARIAS ELITE HOTTES INC DOCUMENT NUMBER: P 150000 22 025				
The enclosed Articles of Amendment and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
MARIH STARK				
Name of Contact Person				
MARIAS ELITE HONES INC				
Address				
Pembroke Pines FL 33332 City/State and Zip Code				
City/ State and Zip Code				
marias elite homes @ yahoo. com E-mail address: (to be used for future annual report notification)				
re-mail address, (to be used for future annual report fixemeanous)				
For further information concerning this matter, please call:				
MARIA STARK at 1 954 614-1533 Name of Contact Person Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:				
\$35 Filing Fee Certificate of Status (Additional copy is enclosed) Certificate of Status Certificate of Status				
Mailing Address Street Address				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

Articles of Amendment Articles of Incorporation of

FILED 2019 MAR 18 PH 4: 43

HINCHS FOLLS HOLLES INC SPIRE
 (Name of Corporation as currently filed with the Florida Dept. of State)
P15000022025
 (Document Number of Corporation (if known)

,		
HARIA'S ELITE ne must be distinguishable and contain the word "corpor	HOMES P.A.	The
ne must be distinguishable and contain the word "corpo orp.," "Inc.," or Co.," or the designation "Corp." "Inc," d "chartered," "professional association," or the abbreviat	or "Co". A professional corporation	I" or the abbrevia name must contain
Enter new principal office address, if applicable: incipal office address <u>MUST BE A STREET ADDRESS</u> +	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
If amending the registered agent and/or registered office new registered agent and/or the new registered office add Name of New Registered Agent	address in Florida, enter the name of dress:	the
(Flori	da street address)	
New Registered Office Address:	, Fla	rida
	(Chy)	(Zip Code)
w Registered Agent's Signature, if changing Registered A	.gent:	
ereby accept the appointment as registered agent. I am fami	iliar with and accept the obligations of t	he position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Saily Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	\underline{V}	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change		_	
Add Remove			
2) Change		- <u> </u>	
Remove 3) Change Add			
Remove 4) Change Add			
Remove 5) Change Add			
Remove			
Add			
Remove			

<u>f amending or adding.</u> Attach <i>additional sheets</i>	additional Articles, en . if necessary). (Be s	pecific)			
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lf an amendment provi	des for an exchange, 1	reclassification, or	cancellation of issi	ied shares,	
provisions for implementation (if not applicable, i	enting the amendmen	t if not contained i	n the amendment i	tself:	
(1)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
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				(18 v = -	

The date of each amendment(s) adoption:	, if other than the
date this document was signed.	
Effective date <u>if applicable</u> :	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements document's effective date on the Department of State's records.	, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amer by the shareholders was/were sufficient for approval.	ndment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shaction was not required.	areholder
☐ The amendment(s) was/were adopted by the incorporators-without shareholder action and shareholder.	older
action was not required.	
Dated 03/12/19	
Danca	
Signature(By a director, presidem.or.other officer – if directors or officers have n	ot been
selected, by an incorporator – if in the hands of a receiver, trustee, or of	
appointed fiduciary by that fiduciary)	
MARIA STORK	
(Typed or printed name of person signing)	·-
P.	
(Title of person signing)	